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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|------------------|
| Application Number | 10/085,921 |
| Filing Date | 2/28/2002 |
| First Named Inventor | Harman, James E. |
| Art Unit | 3676 |
| Examiner Name | Mah |
| Attorney Docket Number | LDP-8103 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

| | | | | | |
|---|----------------------------|-------|-----|---------------|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Loren Donald Pearson, P.A. | | | | |
| Address | P.O. Box 402571 | | | | |
| City | Miami Beach | State | FL | Zip | 33140-2571 |
| Country | US | | | | |
| Telephone | (305)866-8655 | | Fax | (305)866-8807 | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|-----------------|-----------|--------------|
| Signature | | | |
| Name | James E. Harman | | |
| Date | 11/14/04 | Telephone | 954-467-3619 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|-------------------------------------|
| Application Number | 10/085,921 |
| Filing Date | 2/28/2002 |
| First Named Inventor | Harman, James E. |
| Title | Mug Handle Cover and Method for Ide |
| Art Unit | 3676 |
| Examiner Name | Mah |
| Attorney Docket Number | LDP-8103 |

I hereby appoint:

☐ Practitioners associated with the Customer
Number:

| |
|--|
| |
|--|

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|----------------------|---------------------|
| Loren Donald Pearson | 42,987 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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|---|----------------------|-------|---------------|-----|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Loren Donald Pearson | | | | |
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| City | Miami Beach | State | FL | Zip | 33140-2571 |
| Country | US | | | | |
| Telephone | (305)866-8655 | Fax | (305)866-8607 | | |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-------------------|-----------------|-----------|--------------|
| Signature | | Date | 11/14/04 |
| Name | James E. Harman | Telephone | 954-967-3619 |
| Title and Company | Inventor | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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